

Article - Health - General

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§15–108.

(a) In this section, “board” means an appeal board established under this section.

(b) (1) The Secretary may:

and

(i) Establish one or more boards for purposes of this section;

(ii) Designate the jurisdiction of a board.

(2) A board shall consist of 3 members.

(3) Of the 3 board members:

(i) 2 shall be appointed by the Secretary; and

(ii) 1 shall be chosen by the appointed members.

(4) Of the 2 appointed members of a board:

(i) 1 shall be a representative of the industry affected who is an individual knowledgeable in Medicare and Medicaid reimbursement principles; and

(ii) 1 shall be an individual who is employed by this State and knowledgeable in Medicare and Medicaid reimbursement principles and who does not participate directly in the field verifications.

(c) (1) If the Department or an agent of the Department does a field verification of the costs and allowable charges of a facility that participates in the Program, the Department or agent shall notify the facility of the results of the field verification.

(2) Within 60 days after the facility receives the notification required under paragraph (1) of this subsection, the Department shall pay the facility the amount the Department has determined is due the facility by the Department regardless of whether or not the facility files an appeal.

(d) (1) A facility may appeal the results of a field verification by filing written notice with the appropriate board within 30 days after the facility receives the notice from the Department or its agent.

(2) (i) Within 30 days after the filing of an appeal to the board by a facility that the Department has determined owes money to the State, the Department shall recalculate the amount that is due to the State based on the field verification, exclusive of the amount in controversy which is subject to the appeal, and shall notify the facility of that amount.

(ii) Subject to the provisions of subparagraphs (iii) and (iv) of this paragraph, payment for the amount due the State, if any, after the recalculation shall be made within 60 days after the facility receives notification of the recalculation.

(iii) If a facility requests a longer payment schedule within 60 days after the facility receives notification of the recalculation, the Department may establish, after consultation with the facility, a longer payment schedule.

(iv) The Department shall establish a longer payment schedule if, in the Department's reasonable judgment, failure to grant a longer payment schedule would:

1. Result in financial hardship to the facility; or
2. Have an adverse effect on the quality of patient care furnished by the facility.

(3) (i) If a facility files an appeal, the portion of the amount in controversy that is actually paid shall be subject to an award of interest that is:

1. Calculated from the date the appeal was filed through the date of payment; and
2. Determined in accordance with a rate of interest established by regulation.

(ii) Interest paid by a facility under subparagraph (i) of this paragraph is not an allowable cost.

(iii) Interest paid to a facility under subparagraph (i) of this paragraph is not subject to any offset or other reduction against otherwise allowable costs.

(4) If a facility other than a hospital, or if the Department is aggrieved by a final decision of the board under this section, the facility or the Department shall place any money due from the facility or from the Department in an interest bearing escrow account. The money shall remain in escrow until a final decision has been rendered.

(5) Upon a final determination of the dispute, the appropriate person administering the escrow account shall distribute the money in that account, including any interest accrued, in conformity with the final determination.

(e) (1) After the Department receives the findings of a board, the Department shall determine the amount that is due either to this State or to the facility and notify the facility of that amount.

(2) If the facility has accepted the determination made under paragraph (1) of this subsection, within 60 days after the facility receives the notification under paragraph (1) of this subsection the Department shall pay the amount the Department has determined is due the facility, if any.

(3) Subject to the provisions of paragraphs (4) and (5) of this subsection, within 60 days after the facility receives notification, the facility shall pay the amount due the Department, if any.

(4) If a facility requests a longer payment schedule within 30 days after the facility receives notification of the amount due the Department, the Department may establish, after consultation with the facility, a longer payment schedule.

(5) The Department shall establish a longer payment schedule if, in the Department's reasonable judgment, failure to grant a longer payment schedule would:

(i) Result in financial hardship to the facility; or

(ii) Have an adverse effect on the quality of patient care furnished by the facility.

(f) (1) The Department or any facility aggrieved by a reimbursement decision of the board under this section may take a direct judicial appeal.

(2) The appeal shall be made as provided for judicial review of final decisions in the Administrative Procedure Act.

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